SUNNY HILL HEALTH CARE CENTER

4325 NAKOMA ROAD

MADISON	53711	Phone: (608) 271-7321		Ownership:	Limited Liability Company
Operated from 1	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	unction with F	Mospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds S	Set Up and Sta	affed (12/31/05):	63	Title 18 (Medicare) Certified?	Yes
Total Licensed E	Bed Capacity (12/31/05):	68	Title 19 (Medicaid) Certified?	Yes
Number of Reside	ents on 12/31/	05:	47	Average Daily Census:	49
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Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)							
Primary Diagnosis	8	Age Groups 	*	 Less Than 1 Year 1 - 4 Years	57.4 34.0			
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	8.5			
Mental Illness (Org./Psy)	0.0	65 - 74	12.8					
Mental Illness (Other)	2.1	75 - 84	46.8		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	36.2					
Para-, Quadra-, Hemiplegic	2.1	95 & Over	4.3	Full-Time Equivalent				
Cancer	4.3	Nursing Staff per 100 Resid						
Fractures	14.9	İ	100.0	(12/31/05)				
Cardiovascular	12.8	65 & Over	100.0					
Cerebrovascular	10.6			RNs	8.7			
Diabetes	4.3	Gender	%	LPNs	14.0			
Respiratory	14.9			Nursing Assistants,				
Other Medical Conditions	34.0	Male	21.3	Aides, & Orderlies	42.6			
		Female	78.7	İ				
	100.0	İ						
		İ	100.0	İ				

Method of Reimbursement

		edicare			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	9	100.0	308	16	100.0	126	0	0.0	0	18	100.0	176	0	0.0	0	4	100.0	300	47	100.0	
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		16	100.0		0	0.0		18	100.0		0	0.0		4	100.0		47	100.0	

County: Dane Facility ID: 8540 Page 2 SUNNY HILL HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12	/31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.0	Bathing	2.1		87.2	10.6	47
Other Nursing Homes	2.0	Dressing	6.4		87.2	6.4	47
Acute Care Hospitals	87.1	Transferring	23.4		44.7	31.9	47
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.0		53.2	12.8	47
Rehabilitation Hospitals	0.0	Eating	70.2		19.1	10.6	47
Other Locations	0.0	*********	******	******	*****	******	******
Total Number of Admissions	101	Continence		%	Special Treatme	nts	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	23.4	_	piratory Care	21.3
Private Home/No Home Health	1.9	Occ/Freq. Incontinen	t of Bladder	59.6	Receiving Tra	cheostomy Care	2.1
Private Home/With Home Health	57.7	Occ/Freq. Incontinen	t of Bowel	40.4	Receiving Suc	tioning	2.1
Other Nursing Homes	4.8				Receiving Ost	omy Care	0.0
Acute Care Hospitals	1.9	Mobility			Receiving Tub	e Feeding	0.0
Psych. HospMR/DD Facilities	1.0	Physically Restraine	d	0.0	Receiving Mec	hanically Altered Diet	s 14.9
Rehabilitation Hospitals	1.0						
Other Locations	0.0	Skin Care			Other Resident	Characteristics	
Deaths	22.1	With Pressure Sores		4.3	Have Advance	Directives	91.5
Total Number of Discharges		With Rashes		8.5	Medications		
(Including Deaths)	104				Receiving Psy	choactive Drugs	42.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	50	-99	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	71.5	85.8	0.83	86.3	0.83	88.8	0.81	88.1	0.81		
Current Residents from In-County	95.7	81.3	1.18	80.0	1.20	83.2	1.15	77.6	1.23		
Admissions from In-County, Still Residing	25.7	16.8	1.54	18.8	1.37	18.7	1.37	18.1	1.42		
Admissions/Average Daily Census	206.1	216.2	0.95	180.5	1.14	177.7	1.16	162.3	1.27		
Discharges/Average Daily Census	212.2	217.8	0.97	178.7	1.19	179.2	1.18	165.1	1.29		
Discharges To Private Residence/Average Daily Census	126.5	100.9	1.25	87.1	1.45	83.4	1.52	74.8	1.69		
Residents Receiving Skilled Care	100	97.2	1.03	96.4	1.04	96.3	1.04	92.1	1.09		
Residents Aged 65 and Older	100	91.5	1.09	93.5	1.07	91.3	1.10	88.4	1.13		
Title 19 (Medicaid) Funded Residents	34.0	61.7	0.55	59.0	0.58	61.8	0.55	65.3	0.52		
Private Pay Funded Residents	38.3	19.4	1.97	24.5	1.56	22.5	1.70	20.2	1.90		
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00		
Mentally Ill Residents	2.1	28.9	0.07	31.6	0.07	34.8	0.06	32.9	0.06		
General Medical Service Residents	34.0	23.7	1.43	26.1	1.30	23.0	1.48	22.8	1.50		
Impaired ADL (Mean)	44.7	47.9	0.93	47.8	0.94	48.4	0.92	49.2	0.91		
Psychological Problems	42.6	59.1	0.72	57.6	0.74	59.5	0.72	58.5	0.73		
Nursing Care Required (Mean)	6.6	7.1	0.94	7.0	0.95	7.2	0.92	7.4	0.90		